Г		· · · · · · · · · · · · · · · · · · ·		·		·									
' PATENT APPLICATION SEE DETERMINATION DOC								Applic			ation or Docket Number				
	" PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10689734						
-										10	0	8 -1 (34		
_	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OF	OTHER THAN			
TOTAL CLAIMS							}-	RATE		FEE	7	RATE	FEE		
FOR			NUMBE	NUMBER FILED		ABER EXTRA	BASIC		EE	385.00	OR	BASIC FE	E 770.00		
TOTAL CHARGEABLE CLAIMS'			minus 20=		·	<i>O</i> .	XS		.		OR	1	+		
!	IDEPENDENT			minus 3 =	•	0		X43=			OR	1	`		
~	ULTIPLE DEPI	ENDENT CLAIM	PRESENT	RESENT				+145=	+		7				
* If the difference in column 1 is less than zero, enter "0" in column 2						- 3	TOTAL	_		OR		100			
CLAIMS AS AMENDED - PART II								TOTAL	L		OR		7.40		
_	(Column 1) (Column 2) (Column 3)							SMAL	L EN	ΤΙΤΥ	OR'		R THAN ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ŢΙ	ADDI- ONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. //	Minus	- 2	0	= /		X\$ 9=			OR	X\$18=	1		
AME	Independent	· /	Minus	1 *** 2	3	= /		X43=	\top	,	OR	· X86=	/		
Ŀ	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						. 1 4 5	十				1-/		
			• •	. ·			L	+145=	+		OR	+290=	-/		
(0-1				_		•	A	ODIT. FEE			OR	TOTAL ADDIT. FEE	L/		
	<u> </u>	(Column 1) CLAIMS		(Colum HIGHE		(Column 3)				·	•				
MENDMENT B		REMAINING AFTER AMENDMENT		PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE		
NON N	Total	*	Minus	**	٠ :	=-	F	X\$ 9=		•	OR	X\$18=			
AME	Independent	*	Minus	***		=	T	X43=			OR	X86=			
	FIRST PRESE	ı		1											
	• .	:					L	+145=	Ļ		OR	+290=			
							AD	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE			
_		(Column 1) CLAIMS		(Column		(Column 3)		••							
EN C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU: PAID FO	R SLY	PRESENT EXTRA	1	RATE		DI- NAL E		RATE	ADDI- TIONAL FEE		
AMENOMENI	Total	ė	Minus	44		Ė		X\$ 9=			DA	X\$18=			
Y WE	Independent	*	Minus	###		=		X43=				X86=			
	HIRST PRESE	AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									R L				

* If the entry in column 1 is less than the intry in column 2, write "0" in column 3.

** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**TOTAL ADDIT. FEE OR ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+145=